

Aug 25 1943

Registration District No. 155

Primary Registration District No. 4246

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town CARL JUNCTION
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
605 S. Main
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days) Lifetime Resident

3. (a) PRINT FULL NAME Charles S Southard

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife ESTER L CHITWOOD Southard 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased JUNE 14 1878
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>1</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace CARL JUNCTION MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Forming-News Paper 29T.

MOTHER FATHER
 11. Industry or business
 { 12. Name Anderson Southard
 13. Birthplace Orthage MO
 (City, town, or county) (State or foreign country)
 14. Maiden name ELIZA TAYLOR
 15. Birthplace WATSON MO
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ester L. Southard

(b) Address Carl Junction Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13 1943
 (Month) (Day) (Year)
 (c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director Rovey Funeral Service

(b) Address CARL JUNCTION MO.

19. (a) Aug. 13 1943 (Date received local registrar) (b) Registrar's signature Max J. Lilledale

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Carl Junction
 (If outside city or town limits, write "RURAL")
 (d) Street No. 605 S. Main
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10
 year 1943 hour none minute 15 A.M.

21. I hereby certify that I attended the deceased from Aug 9
 _____, 1943 to Aug 10, 1943
 that I last saw him alive on Aug 9, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 13 mon

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 ft

Major findings: Of operations _____ Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature O. L. Albert (Date signed _____)

Address Carl Junction Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

43-7-685

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.